

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$106.00 for date of service 02/01/01.
- b. The request was received on 01/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/15/02
 - b. HCFA(s)-1500
 - c. EOB(s)
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 07/01/02
 - b. HCFA(s)-1500
 - c. EOB(s)
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file did not contain a Notice of Request for Medical Dispute Resolution. Telephone call made to carrier representative on 06/18/02. The carrier did not receive any information requesting a 14 day response. The carrier's 14 days to submit it's response began on 06/18/02. The response was due on 07/01/02 or before. The carrier's response is timely.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 01/25/02, "I am disputing this claim on an EMG/NCV of the upper extremities for the 95935-50, two H-reflex's....The 95935-50 is posted, clearly on the Neurology Report for proof of service."
2. Respondent: The respondent representative states in correspondence dated 07/01/02, "Provider seeks reimbursement for CPT Code 95935-50, 'H' or 'F' reflex studies,...the Carrier received Provider's bill for services provided...including, CPT Code 95935 in the amount of \$400.00...the Carrier issued Explanation of Benefits, and paid the Provider \$106.00 for two units of CPT Code 95935....Provider apparently amended his HCFA-1500 and requested reconsideration for CPT Code 95935 in the amount of \$400.00, but this time added the modifier '-50' to indicate a bilateral procedure."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/01/01.
2. The EOB for billed CPT code 95935-50 is "D – THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE). (U301)
3. When reviewing the two pages of HCFA(s)-1500 submitted by the provider, the \$400.00 billed for two units of CPT code 95935 is for the "F" Wave Reflex Studies. These services were reimbursed \$106.00. The CPT code 95935-50 which appears on the second page of the billing HCFA-1500 is for the "H" Wave Reflex Studies.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/01/01	95935-50	\$400.00	\$0.00	D	\$53.00 per Study	MFG MGR (IV) (B) (2); CPT descriptor	"Reimbursement shall be per study...No reimbursement shall be allowed for 'H' studies that are billed for upper extremities. 'H' studies on lower extremities may be billed bilaterally when performed. A maximum of six CPT codes can be reimbursed for 'H' and 'F' studies performed per patient on the same date of service." The provider performed "H" reflex studies bilaterally on the claimant's left and right knee. Reimbursement is recommended in the amount of \$106.00 .
Totals		\$400.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$106.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$106.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of July 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.